



Wisconsin Center for the Blind and Visually Impaired

Elizabeth Burmaster, State Superintendent
Wisconsin Department of Public Instruction



OUTREACH SERVICES REQUEST FORM

Contact Person _____
Name Title

Address _____
Street City State Zip

Phone _____

Name of School: _____ Grade/EEN Program: _____

Name of Student: _____ Date of Birth _____ Age _____

Parent Name _____

Address _____
Street City State Zip

Phone _____

Please indicate which services you are requesting:

	O&M	Multiple Disabilities	Academic	Birth-3/ Early Childhood	Early Childhood	Transition	Technology	Due Date For 90-Day Eval Window
Initial Evaluation for IEP/IFSP								
Re-evaluation for IEP/IFSP								
Consultation								
Teacher Training & Inservice								

Suspected or Identified EEN (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Visual disability | <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Physical/Orthopedic Disability | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Significant Developmental Delay |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Traumatic Brain Injury | |

Send referral and all appropriate pupil data to:

Stacy Grandt, Director of Outreach Services
WCBVI
1700 W. State St.
Janesville, WI 53546
Toll Free: 866-284-1107
stacy.grandt@wcbvi.k12.wi.us
Fax: 608-758-6169

WCBVI Staff Use: Copies to:	
<input type="checkbox"/> NS	<input type="checkbox"/> MT <input type="checkbox"/> CH <input type="checkbox"/> LL <input type="checkbox"/> SK <input type="checkbox"/> DW
Received _____	